Progress Report

September 2003

Saskatchewan

Healthy People. A Healthy Province.

The Action Plan for Saskatchewan Health Care

Highlights

- Invested $2.527 billion in a publicly funded, publicly administered health care system, the largest amount ever spent in Saskatchewan. Health expenditures now account for 42 cents of every dollar our government spends on programs and services.
- Established the Saskatchewan Surgical Care Network (SSCN) that has developed a Surgical Patient Registry, tools for physicians to assess and fairly rank patients for surgery, surgical care co-ordinators and a Web site – www.sasksurgery.ca
- Launched a 24-hour, province-wide toll-free telephone HealthLine offering immediate access to health advice. The number is 1-877-800-0002
- The Government of Saskatchewan announced a major commitment to build a new Academic Health Sciences Centre at the University of Saskatchewan. Based on work done to date the project is estimated to cost at least $120 million to complete.
- Supported health care provider retention and recruitment initiatives such as:
    - The addition of 100 seats in the Nursing Education Program over three years;
    - The addition of 40 nursing seats as part of a new northern nursing degree program;
    - The addition of 16 practical nursing seats over two years;
    - The addition of five new physician-training seats at the College of Medicine; and
    - More than 500 new and continuing bursaries in exchange for a commitment to work in Saskatchewan.
- Formed 12 Regional Health Authorities to replace 32 health districts to reduce duplication and improve planning and co-ordination among regions.
- Created Canada's first Health Quality Council, to promote excellence, accountability, co-ordinated planning, and evidence-based decision making in the province's health care system.
- Increased support for health research through additional funding and the creation of the Saskatchewan Health Research Foundation.
- Provided $61 million over the next two years for renewal of Saskatchewan's health care facilities.
- Provided $19 million for the acquisition of medical and diagnostic equipment.

The Action Plan for Saskatchewan Health Care

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A Message from the Minister of Health

I am very pleased to present this *Progress Report on the Saskatchewan Action Plan for Health Care.* The significant progress that has been made is a source of great pride to all of us in Saskatchewan. We created a blueprint to secure the future of health care for Saskatchewan and that vision has continued to guide our planning and decision-making in government.

The top priority of this government will always be improving the quality of our health services and access to care, while ensuring our health care system is sustainable into the future. We have shown our commitment to a publicly funded, publicly administered health system by boosting health care spending in this year's budget by eight per cent, to a record $2.527 billion, representing 42 cents of every dollar our government spends on programs and services.

There are so many areas where we have made tremendous strides but even as we grow, improve and change, we will never arrive at a point where we can say we are finished. That is why the vision articulated in our *Action Plan* is so important. Our goals keep us working toward continuous improvement.

Perhaps the greatest value of the *Action Plan* came from the challenges that we recognized and addressed. We acknowledged that waiting times for surgeries are a major concern for Saskatchewan people. The result has been a massive undertaking to create a surgical access and information system that is a first of its kind in Canada. Our surgical access initiatives have received international recognition, proving that Saskatchewan continues to lead the way in finding innovative solutions in health care delivery.

We also recognized the importance of keeping and attracting our skilled health care professionals. We have produced a number of solutions to these workforce challenges, such as adding more training seats, including a significant number of nursing seats, providing bursaries in a number of health disciplines, and finding ways to make the work environment more pleasant and appealing.

The work, however, is not done. We will continue to find new ways to retain, recruit and train more health care providers. We will continue to seek ways to ensure fair, efficient and equitable access to surgical care. We will continue to set clear targets and expectations to renew our health care system, and as always, we will continue to work towards the goals originally outlined in *The Saskatchewan Action Plan for Health Care.*

I would like to take this opportunity to acknowledge and thank the people who make our health system work. There are so many people in the health care system who contribute their best efforts every day, because they genuinely care about the job they do and the people they help. The true face of Medicare is the face you see when you or your loved ones are sick or hurt or needing support.

John T. Nilson Q.C.
Minister of Health
September 2003

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Introduction

When *The Action Plan for Saskatchewan Health Care* was released in December 2001, it expressed a clear purpose: building a province of healthy people and healthy communities.

The original document provides a plan of action and a long-term direction for changes in health care. It provides a clear view of where we are heading and how we intend to get there. It sets out our four goals for continuous improvement and our commitment to health care quality for the people of Saskatchewan. Those goals are to:

1. Provide better access to health services, including primary, hospital and emergency care;
2. Increase effectiveness to support good health and prevent illness;
3. Improve health workplaces and address shortages of key health providers; and
4. Place a greater emphasis on quality, efficiency and accountability in order to ensure the long-term sustainability of our Medicare system.

It has been nearly two years since *The Action Plan for Saskatchewan Health Care* was publicly released. Many of the changes envisioned in the plan have been accomplished, some changes are underway and some challenges still remain. To get a clear picture of what we have accomplished, and where work still remains, many of our healthcare partners have requested an update on our progress. With the launch this summer of the HealthLine; with the noteworthy addition of 100 training positions over the next three years to the Nursing Education Program of Saskatchewan, bringing the total to 400 seats per year, and with the recent commitment to build a new health sciences facility at the University of Saskatchewan in Saskatoon – it is a good time to take stock. There are also a number of new health challenges emerging that must be considered in public health planning.

The achievements of the past couple of years were made possible by the contributions of all our partners within the health care system. The sense of co-operation, and working together to achieve a common goal have fundamentally changed the environment of the health care system in Saskatchewan. The responsibility for finding creative solutions to challenges is shared.

This *Progress Report* outlines our major endeavours, from groundbreaking work to enhance surgical access, to steps taken to prevent young people from smoking. This report provides a snapshot of where we are, and where we are headed, always maintaining our commitment to publicly funded, publicly administered Medicare as the fairest and most cost-effective way of delivering health care in Saskatchewan.

A Progress Report on Primary Health Care

Primary health care services are usually the first point of contact people have with the health care system. They are also the most frequent point of contact, so it is essential for these services to be organized and delivered in the most effective way possible.

Our health plan will co-ordinate and expand primary health care services, and improve patient care. We will begin by organizing doctors, nurses, therapists and other front-line providers into teams so that patients have better access to the most suitable health care provider. Patient care will be better co-ordinated and more personal, as providers work together to meet specific needs. These teams will diagnose and treat illness, but will also focus on preventing health problems and managing existing ones so that they do not become more serious. – The Action Plan for Saskatchewan Health Care, December 2001

Since the release of the *Action Plan*, Saskatchewan Health has been working hard to facilitate a major reorganization of primary health services. The scope of this transformation is considerable because it involves not only a different way of organizing services and the people who provide them, but also a different way of thinking about how we provide health care.

It has been gratifying to receive the support of health professionals as we plan our primary health care networks. They recognize that these changes will allow them to use their full range of skills and promote a more supportive, satisfying work environment – both important factors as we strive to attract and keep scarce health providers.

Co-operation from health providers has helped us begin to convert collections of health services into primary health care networks. These networks will take a more proactive approach to integrated case management, working to prevent health problems and ensure better management and follow-up once health problems have occurred.

Primary health care teams have become an integral part of primary health care networks in all Regional Health Authorities (RHAs), which are working closely with partners and community groups to address broader community needs.

We know that primary health care is simply a better way of delivering basic, front-line health care. It is a reorganization that makes better use of our health providers and is fundamental to the sustainability of our publicly funded, publicly administered health care system.

Milestones in primary health care in Saskatchewan to date are:

- Created HealthLine, a 24-hour telephone health advice line, expected to cost approximately $3 million per year. HealthLine is operated by the Regina Qu'Appelle Regional Health Authority;
- Increased the number of primary health care teams to 24;
- Improved the delivery of primary health care services which are supported through a four-year, $18.6 million federal Primary Health Care Transition Fund;
- Developed bursaries to encourage participation in the Primary Care Nurse Practitioner Program. For the 2002-03 school year, nine students received a total of $70,000 in nurse practitioner bursaries;

- Established directors of Primary Health Care in each Regional Health Authority. They have submitted their primary health care plans to guide future expansion;
- Continued work on the Provincial Diabetes Plan. It will assist Regional Health Authorities in developing their own regional health care plan for diabetes;
- Added diabetic supplies such as needles, syringes, lancets and swabs to the Saskatchewan Drug Plan on July 1st, 2003, at an estimated cost of $3.3 million in 2003-04 and $4.8 million in 2004-05;
- Provided funding of $103,466 to two Regional Health Authorities in 2003 to support consultations for the development of a provincial diabetic foot program; and
- Created bylaws for the Nurse Practitioner that have been signed, and work is progressing on the competencies to allow the Saskatchewan Registered Nurses' Association to begin licensing Nurse Practitioners by November 2003.

A Progress Report on Promoting Healthy Communities

The most important influences on the health of people are things like income, education, diet, housing, and support from family and friends. By addressing these underlying "determinants" of health, we can improve the health outlook for individuals and entire communities. By helping people stay healthier, longer, we can also reduce some of the strain on our health care system, as fewer people require expensive treatments and medications. – The Action Plan for Saskatchewan Health Care, December 2001

The *Action Plan on Saskatchewan Health Care* recognizes the value of an increased focus on population health promotion throughout the province. Our understanding of what keeps people healthy has grown. We have come to understand that what we eat, how active we are, and whether we use tobacco and alcohol affect how healthy we are. This *lifestyle approach* helps individuals reduce their health risks by changing their behaviour.

Key accomplishments in the promotion of healthy communities include:

- Saskatchewan is the first jurisdiction in the world to prohibit the display of tobacco products in establishments where children have access;
- New tobacco control legislation came into effect with the intention of preventing youth from smoking, reducing exposure to second-hand smoke and "de-normalizing" tobacco use;
- *Young Spirits: Proud to be Tobacco Free* is a three-year school campaign that encourages youth to think about the benefits of choosing a tobacco-free lifestyle by doing an anti-tobacco project at home, at school, or in their community;
- The government of Saskatchewan administers $13 million in KidsFirst, a program to help vulnerable children get a better start in life;
- School^{Plus} is an innovative government approach that places the school as the community focal point for enriched services that support children, youth and their families. The School^{Plus} funding for implementation was $15.4 million;
- A new cervical cancer screening program was launched. This program encourages women to get regular pap tests and ensure good follow-up care;
- A new $1 million mobile breast cancer screening bus was unveiled by the Saskatchewan Cancer Agency and the provincial government;
- A Provincial Population Health Promotion Strategy is under development to guide long-range planning for health promotion;
- At the national level, Health Ministers have made a commitment to a Healthy Living Strategy to guide long-range planning;
- Culture, Youth and Recreation led the way with a physical activity strategy entitled *A Physically Active Saskatchewan: A Strategy To Get Saskatchewan People In Motion;*
- A Provincial Diabetes Plan is being created to guide the regional development of team-based services to prevent and manage diabetes. Saskatchewan Health provided $600,000 in funding the Regional Health Authorities to assist with delivery of services for people with diabetes;
- Funding was provided for the development of two new diabetes education programs delivered by the Saskatchewan Institute of Applied Science and Technology (SIAST). Saskatchewan Health provided a grant of $99,000 to SIAST to cover the cost of

developing the curriculum for these diabetes programs;

- A province-wide strategy to ensure safe drinking water was announced. The strategy includes plans for improving the treatment, protection and regulation of Saskatchewan water sources;
- Saskatchewan Health developed a West Nile virus response plan that includes education of the general public on personal protective measures, residential breeding ground reduction, extensive surveillance to track the disease in birds, mosquitoes, horses and people, and mosquito control measures. Saskatchewan Health allocated $1.2 million for mosquito control programs as part of the West Nile response plan;
- The pertussis vaccine has been added to the Grade 8 routine adolescent immunization program to provide protection against whooping cough;
- Saskatchewan Health invests $2.75 million a year on problem gambling prevention, education and treatment;
- The Saskatoon Regional Health Authority, with its partners, such as the federal Department of Human Resources Development Canada and the City of Saskatoon, is supporting a new detoxification program at Larsen Intervention House in Saskatoon. The addition of a brief detoxification program will significantly enhance the continuum of addiction treatment services in Saskatoon;
- Government of Saskatchewan invested $46 million in the Centenary Affordable Housing Program to add 1,500 new units of affordable housing.

A Progress Report on Northern and Aboriginal Health

Northern and Aboriginal Communities have their own issues and concerns when it comes to health care. They also have a unique perspective on how to bring better health to their people.

Leaders from the three northern health districts and the Northern Inter-Tribal Health Authority are working on a Northern Health Strategy that is built on principles developed by and for northern residents. Our government supports the development of a Northern Health Strategy and we will continue to work with northern residents and the Government of Canada toward its completion. – The Action Plan for Saskatchewan Health Care, December 2001

The basis for a Northern Health Strategy is the concept of holistic primary health care that considers the physical, mental, emotional and spiritual health of individuals, families and communities. This work identifies health promotion and illness prevention as cornerstones of the strategy, and considers the North's unique languages, and the cultural and socio-economic situation.

We have recognized there are challenges unique to northern Saskatchewan that play a role in decisions about the delivery of health, education and social services. For instance, 40 per cent of our northern population is under the age of 15. We know that means more services are needed for children and young families – from prenatal services to childcare and early learning programs. We are working with northern residents to address the challenge of delivering services to a small population across half of Saskatchewan's land mass.

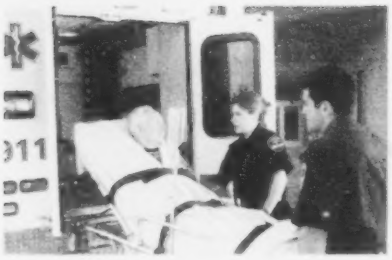
CAPITAL FACILITIES PROJECTS

Saskatchewan Health is committed to addressing the challenges unique to northern Saskatchewan through a variety of innovative approaches. We are pleased to have announced several major capital projects for northern residents.

- For the first time ever, a health centre and a school will be integrated into one facility in the northern community of Ile a la Crosse. Saskatchewan Health has committed $2.075 million for the planning and design of this facility which is a joint project with the Department of Learning. This joint facility will include shared common spaces such as meeting rooms, resource centre, food services and power plant. The investment in the health centre component of this project is expected to be approximately $13 million when complete. This project will also enable easy access for students to health education materials and population health services. This project is an illustration of an innovative response to local culture and needs.
- Construction of the Fort Qu'Appelle Indian Hospital is underway at a cost of $12.8 million.
- The Athabasca Health Centre on the Chicken Indian Reserve, near the town of Stony Rapids, was officially opened in July 2003. The provincial government contributed $11.9 million to the project. The community raised an additional $800,000.
- In April 2003, Saskatchewan Health announced $200,000 for the planning and design of a new health centre in Cumberland House. Total costs for facilities of this type are typically in the $3 to $4 million range.

There are a variety of initiatives currently underway to support improved health services delivery in northern Saskatchewan.

- Saskatchewan Health has provided $100,000 to support the development of the Northern Health Strategy, which is well underway with a coordinator and a workplan in place.
- The provincial government funded 40 additional nursing seats as part of a new northern nursing degree program offered through the First Nations University of Canada campus in Prince Albert, bringing the total to 80. This initiative will help to address the need for more health professionals in northern Saskatchewan and for greater Aboriginal and northern representation.
- A Northern Health Access Program has received additional funding support. This program is designed to provide Aboriginal and Northern students with the necessary academic preparation for careers in nursing and other health professions.
- The Native Access Program for Nursing was expanded in 2002. This program supports Aboriginal students enrolled in nursing through help with issues such as academic challenges, children concerns, housing and funding.
- Saskatchewan Health has participated in the development of a government-wide strategy, led by Government Relations and Aboriginal Affairs, for building on the existing partnerships with Metis and off-reserve First Nations people. The strategy is called *A Framework for Cooperation: Saskatchewan's Strategy for Metis and Off-Reserve First Nations People.*
- Under the Framework, Saskatchewan Health has focused on ways to better meet the health needs of Metis and off-reserve First Nations people, such that their health status will approximate that of the non-Aboriginal population in 20 years. Work on this objective is ongoing and includes initiatives in the areas of diabetes, health education, representative workforce, access to primary health care services, Fetal Alcohol Spectrum Disorder prevention and treatment, HIV/AIDS prevention services, Alcohol and Drug services, and a Successful Mothers Support Program. Another Framework objective is to increase Metis and off-reserve First Nations peoples' representation on health governance structures until representative participation is achieved.



A Progress Report on Better Emergency Medical Care

Saskatchewan people depend on quality emergency medical services. The health and safety of a loved one can often depend on a quick response from a well-trained health provider. So it is important that we offer consistent, high quality services across the province. – The Action Plan for Saskatchewan Health Care, December 2001

In a province with a million people scattered over urban, rural and northern areas, rapid and reliable emergency medical services (EMS) are essential. Saskatchewan Health provides funding to Regional Health Authorities to help pay for road ambulance services. The *Action Plan* promises to improve co-ordination by having all calls for ambulance service handled through wide-area dispatch centres. These centres can ensure better use of ambulances to quickly respond to emergencies. Ambulance fees are also set by each region and can vary. The *Action Plan* calls for a review of those road ambulance fees to ensure greater consistency across the province.

A number of enhancements in the areas of training and co-ordination are well under way:

- In the first year (2002-03) of the Emergency Medical Technician training initiative, training was arranged for approximately 57 emergency medical responders. Fifteen individuals were supported to attend full time programs. Part- time training programs were arranged in 3 health regions – Heartland (Macklin), Saskatoon (Watrous) and Keewatin Yatthe so individuals could obtain training in, or closer to, their home communities. The three-year goal is to continue training emergency medical personnel up to the EMT basic level, with a total training target of 240 people;
- Ambulance services are now dispatched through one of the province's five wide-area dispatch centres, significantly enhancing the co-ordination of emergency medical services. At the time the *Action Plan* was released, 21 ambulance services were doing their own dispatch. These services are now being dispatched through one of the five wide-area dispatch centres;
- The second new aircraft for Saskatchewan Air Ambulance came into service in March 2002; and
- The work continues on the longer term goal identified in the *Action Plan* to establish a new ambulance fee structure to reduce the cost to patients of inter-hospital transfers.

A Progress Report on Better Hospital Care and Long-Term Care

Saskatchewan people depend on quality hospital services. Our province has a large number of hospitals that deliver a wide range of services – from complex surgeries to everyday medical care.

To strengthen our hospitals for the future, we will better define each facility to ensure that they focus on their strengths. With respect to long-term care, we will provide more options for seniors and people with disabilities who want to remain independent in the community. This includes encouraging further expansion of supportive living arrangements such as personal care homes. – The Action Plan for Saskatchewan Health Care, December 2001

Hospitals across Saskatchewan vary widely in terms of size and services provided. Delivering specialized services requires advanced equipment and skills. The *Action Plan* called for the establishment of a hospital classification system to better define facilities and allow them to focus on their strengths. Progress on developing program standards for each category of facility continues.

Saskatchewan Health reaffirmed its commitment to strengthen hospital care by investing $19 million in diagnostic and treatment services. This is a combination of provincial government funding and federal equipment funding outlined in the 2003 First Ministers' Accord. Saskatchewan Health has also allocated an estimated $61 million over two years for building and renovating health care facilities.

- Planning is underway for the expansion of the intensive care and critical care units, and upgrades to the emergency room and operating rooms at the Royal University Hospital within the Saskatoon Regional Health Authority. The province will invest $900,000 on the planning and preparation for the project. Total investment in this expansion is expected to be in the $5 million to $6 million range.
- The maternity and newborn care centre at the Regina General Hospital received $570,000 to plan and design a new multi-phase project including a new Mother Baby Unit. The labour and delivery unit and the neonatal intensive care unit will also be expanded. These improvements are expected to result in a total investment of $8 million to $9 million.
- A new hospital is on the way for Swift Current. Saskatchewan Health has provided $500,000 to the Cypress Regional Health Authority to begin planning. Projects of this nature typically cost in the range of $25 million to $30 million when complete.
- The Saskatoon Regional Health Authority, in partnership with Saskatchewan Health, the City of Humboldt and surrounding communities and hospital agencies, is moving ahead with the final phases of planning work for the replacement of St. Elizabeth Hospital and the consolidation of community based health services in Humboldt.
- Construction has started on a new $22.2 million Tatagwa View long-term care facility for Weyburn to replace the Souris Valley Extended Care Centre. The province will provide $15 million and the remainder will be raised by local residents.

- In Melfort, the new Parkland Regional care centre was completed with the government contributing $12.7 million for construction.
- Tenders have been received for a $2.98 million addition to the Assiniboia Hospital providing an additional 22 long-term care beds.
- The design is in progress for a new $16.4 million multipurpose health care facility to serve the Yorkton area.
- The government is moving ahead with plans to build a new 85-bed integrated health care facility in Moosomin that will bring acute and community-based services under one roof. Typically, facilities like this cost in the $20 million range.
- Construction was completed on a new hospital and long-term care home in Melville for a total cost of $12.9 million ($8.1 million from the province and $4.8 million from the community)
- The government is moving ahead with plans for a new integrated health care centre in Maidstone, investing $700,000 for the planning and design.
- The government is also investing $700,000 to move ahead with the renovation and expansion of the Preeceville hospital to include both long-term and acute care beds, and
- Saskatchewan Health has approved $400,000 for planning for a new integrated health care centre in Outlook. Total costs for facilities of this type are typically in the $3 million to $4 million range.

The province is investing $2.2 million this year as part of its capital plan for emergency projects and infrastructure upgrades to health care facilities across the province.

- A total of $15 million will be provided to Health Regions, the Saskatchewan Cancer Agency and the Provincial Lab to address overall capital equipment needs;
- $2 million will be invested to acquire and install CT scanners in Yorkton and Moose Jaw to increase access to these services in 2004. Swift Current will also increase from a part-time to a full-time service in 2004; and
- $2 million was targeted toward the purchase of equipment that will allow the Regions to keep pace with growing demand for surgical procedures and the latest in specialized care.

In addition, in 2003, the Saskatchewan Cancer Agency purchased two linear accelerators, one each in Regina and Saskatoon. Over the last four years, Saskatchewan Health has provided the Saskatchewan Cancer Agency with $6 million to cover the purchase of this equipment along with the necessary renovations and health provider training. Linear accelerators are used to treat cancer through radiation therapy.

Significant expansion in renal dialysis services continues with the recent announcement of services planned for Battlefords and Moose Jaw. The new satellite services in North Battleford will be available in 2003, with the Moose Jaw expansion becoming operational in 2004.

The Saskatchewan Telehealth Network was expanded to 12 sites in 10 communities (in seven Regional Health Authorities) in 2002/03 and will be further expanded to 17 sites in 15 communities in 2004. This system allows patients and physicians in rural and remote areas to have consultation with specialists in larger centres through an interactive video link. The network also enables rural healthcare providers, patients and members of the public to participate in education programs without leaving their communities. Support for the network expansion and upgrades is part of a collaborative initiative that includes a provincial contribution of $1.5 million, a $1 million Health Canada grant, and $200,000 from the Saskatoon Regional Health Authority.

LONG-TERM CARE INITIATIVES

One in seven residents in this province are over the age of 65. Many Saskatchewan seniors are independent and benefit from the support of family and community. As seniors age they sometimes need some assistance to manage their daily lives. Saskatchewan Health is committed to providing seniors and other residents with special needs with the best care options possible. Many individuals can remain at home with the help of home care. An excellent network of special care homes (nursing homes) has been maintained for those whose needs cannot be met through home-based and community-based options. Regional Health Authorities may operate a special care home directly or through affiliation or contract.

There have also been a number of significant improvements:

- The 40-bed restriction in personal care homes was removed to encourage the development of more personal care homes;
- An individualized funding program was announced in 2002. It is an option for some home care clients with disabilities that allow them to plan, control and manage their own services;
- The February 2003 First Ministers' Accord on Health Care Renewal under "Home Care for Canadians" recognized home care as a priority. First Ministers agreed to provide additional funding for short-term acute home care, short-term acute community mental health and short-term end-of-life care. Provinces and territories across Canada, in collaboration with Health Canada, are determining the services to be provided under this Accord;
- Saskatchewan Assisted Living Services (SALS), a community based fee-for service option for low-income seniors in selected social housing projects, has services available in 140 sites (buildings) to over 6,800 households in 72 communities;
- Saskatchewan government provided $1 million this year to assist people living with disabilities; and
- The Government of Saskatchewan also invested an additional $2 million for a total of $2.9 million to help more than 950 persons with disabilities achieve and sustain employment.

A Progress Report on Improving Surgical Access

Waiting times for surgery are a major concern for Saskatchewan people. Our health plan includes providing more money to our major surgical centres and improving co-ordination of waiting lists. As well, we will ensure our doctors use a standard "measuring stick" to decide who needs surgery, and who needs it first. And finally, we will break down the air of mystery around the surgical system by providing people with clear information so they know where they stand on the list and how they can ensure the shortest possible wait. – The Action Plan for Saskatchewan Health Care, December 2001

Every year, more than 90,000 surgeries are performed in Saskatchewan. That amounts to about 250 surgeries every day.

The *Action Plan for Saskatchewan Health Care* calls for a number of key elements to improve co-ordination of surgical access and ensure a more equitable surgical care system for Saskatchewan people. Saskatchewan is the first place in Canada to undertake such a comprehensive and far-reaching strategy to improve surgical wait times. Some of these innovations to improve surgical access have received international recognition.

To date, several major initiatives have been launched. They include:

- The creation of the Saskatchewan Surgical Care Network (SSCN) to provide advice to Saskatchewan Health and the Regional Health Authorities on how to improve the surgical care system. This advisory body is made up of physicians, health care providers, provincial regulatory agency members, health training organization representatives and health system administrators;
- The launch of the SSCN Web site in January 2003. This Web site provides people with clear information about the surgical system including typical wait times, how their needs are assessed, physician locations and specialities. The Web site can be accessed at **www.sasksurgery.ca**
- The creation of surgical co-ordinators in both Regina Qu'Appelle and Saskatoon Regional Health Authorities. These co-ordinators are available to all residents who have questions about their surgery date or other issues. There are also local surgical contacts available in all health regions;
- The development of a Surgical Patient Registry in all health regions with surgery services. Special computer software was developed to assist the regions in monitoring who needs surgery and when. The registry will track all patients throughout the province requiring surgical care;
- The implementation of a new Patient Assessment Process. This will ensure that surgeons across the province use consistent criteria to rank the urgency of their patients;
- The establishment of target time frames for surgery are planned for fall, 2003. These targets use standard urgency rankings so that patients will know how long it is reasonable to wait, depending on the type of surgery they require;
- The continued allocation of the Wait List Fund, with more than $13 million in 2003-04, going to the province's four largest surgical centres to maintain full surgical capacity; and
- The targeting of a portion of capital equipment funding to the purchase of medical technology to reduce the need for invasive surgery and increase the efficiency of the surgical care system.

A Progress Report on Retaining, Recriuting, and Training Health Care Providers

Meeting the future need for nurses, doctors and other health professionals requires a province-wide human resources strategy focused on keeping the providers we have, increasing training opportunities, and allowing health professionals to make full use of their skills and training. – The Action Plan for Saskatchewan Health Care, December 2001

Supporting, attracting and developing skilled personnel is the single largest challenge for Saskatchewan's health care system. There are many job opportunities here at home for Saskatchewan residents. To address human resource issues facing the province Saskatchewan Health has provided $3 million in funding for health care provider retention and recruitment initiatives, plus a further $500,000 for emergency medical system training initiatives in 2002 and continued this level of funding in 2003.

Saskatchewan Health has also created some of the most innovative retention and recruitment initiatives and programs for physicians in Canada. To ensure an adequate supply of all the health professionals required for our province we have undertaken several major initiatives.

In July 2003 a *Progress Report on Saskatchewan's Nursing Strategies* was released detailing the considerable progress made in strategies to retain, recruit and train nurses. Some highlights of these strategies are:

- Increasing the capacity of the registered nurse/registered psychiatric nurse education program by 100 positions over the next three years, to a total of 400 per year. This phasing-in of additional seats will allow the Nursing Education Program of Saskatchewan (NEPS) to build its capacity to accommodate more nursing students;
- Expanding the capacity of the practical nursing program by 16 seats over a two-year period, bringing the total to 135 seats per year;
- A new northern nursing program was established in Fall 2002 increasing enrolment by 40 seats, to a total of 80;
- Once increases have been fully implemented in both NEPS and the practical nursing program, the increased annual cost will be approximately $4.4 million, and the number of nursing seats will have increased by more than 120% since 1999;
- Saskatchewan Health is working with health care partners to improve health workplaces. Strategies have included funding projects related to quality workplaces;
- Competitive wages are factors in recruitment and retention. Under the current collective agreement registered nurses and registered psychiatric nurses received a significant wage increase; and
- The Saskatchewan Immigrant Nominee Program was recently expanded to include nursing professions.

The *Action Plan for Saskatchewan Health Care* acknowledged the importance of supporting professional development. Increasing education and training opportunities add to the overall skill level, leading to improved services. This also helps to retain and attract providers through opportunities to expand responsibilities, and demonstrates that workers are valued and appreciated.

- In 2002-03, $1.25 million was directed to the Regional Health Authorities and the Saskatchewan Cancer Agency to design continuing education and professional development opportunities for all staff.

Other initiatives to maintain and build our supply of health professionals include the development of bursary programs to encourage individuals to take advantage of some of the opportunities available.

- In 2003-04, more than 500 new and continuing bursaries will be awarded to students in various health disciplines in exchange for a commitment to work in Saskatchewan. The provincial government is allocating $4 million this fiscal year to support this bursary program that includes students in medicine, nursing, emergency medical technicians, and health disciplines such as occupational therapy and medical radiation technology among others; and
- A program was announced to assess the credentials of International Medical Graduates in order to facilitate their entry into the physician workforce in Saskatchewan.

For some of the allied health disciplines, the province has partnered with other provinces to provide programs to our residents. These include:

- Inter-provincial training agreements – Saskatchewan students being trained as respiratory therapists (8) and nuclear medicine technologists (4) at Southern Alberta Institute of Technology (SAIT) in Alberta;
- Occupational Therapy training seats (15) for Saskatchewan residents at the University of Alberta;
- Direct funding to purchase six new training seats in a number of medical diagnostic disciplines, including; cytotechnology, sonography, and orthotics and prosthetics technology;
- A new cytotechnology program commenced at Saskatchewan Institute of Applied Science and Technology (SIAST) in the fall of 2003;
- An increase in the number of seats in the dental assisting and hygiene programs from 60 to 65, and 24 to 26, respectively;
- An increase in the number of pharmacy technicians trained at SIAST from 16 to 24 in the fall of 2002; and
- Forty students accepted annually into the Environmental Health and Science degree program at The First Nations University of Canada in Regina.

Saskatchewan Health provides competitive compensation for a variety of health disciplines. The government invests $1.8 billion dollars annually in salaries for health professionals. An additional $74 million was added recently to support collective agreements. This funding will help to maintain the existing complement of health professionals and encourage others to train in these professions. New collective agreements have been achieved with all major health sector professions.

- The province's doctors ratified a three-year deal in June 2003. Fees and program levels will increase during the three-year contract. The agreement provides additional funding for retention and recruitment initiatives and other programs;
- The University of Saskatchewan and the Professional Association of Internes and Residents of Saskatchewan (PAIRS) signed a three-year agreement in July 2003 that was modelled after the agreement made with the province's doctors;
- Health employers and the Health Sciences Association of Saskatchewan (HSAS) signed a three-year agreement that includes $7 million in market adjustments, to ensure Saskatchewan is able to compete for and retain health care professionals; and
- Health sector unions and employers have been involved in joint job evaluation processes aimed at removing inequity and gender bias in jobs across the health sector.

The *Action Plan on Saskatchewan Health Care* recognizes that job satisfaction is key to keeping and attracting health care providers.

- Since the establishment of the Saskatchewan Nursing Council three years ago, a total of $860,000 has been provided for projects related to quality workplaces, nursing workforce casualization and the retention of nursing graduates;

- The Quality Workplace Program was developed and implemented in three pilot sites in the province. Saskatchewan Health provided $60,000 in funding to each of those pilot sites and to the Saskatchewan Registered Nurses Association (SRNA) for the implementation of the program; and
- Saskatchewan Health provided an additional $160,000 to the Saskatchewan Registered Nurses Association in 2002-03 and $100,000 in 2003-04 to run the Quality Workplace program.

The *Action Plan* identified that a major challenge for the future is to have a representative workforce in Saskatchewan health care. There are three key components of Saskatchewan Health's representative workforce strategy:

- Recruit Aboriginal candidates into health-related occupations. Saskatchewan Government Relations and Aboriginal Affairs is working with Regional Health Authorities to develop Representative Workforce Agreements to be signed by Fall 2003;
- Enhance education programs; and
- Continue to invest in cultural awareness training. $300,000 has been allocated to support Aboriginal Awareness training in the Regional Health Authorities.

A commitment to health sciences and education was outlined in *The Action Plan for Saskatchewan Health Care.* That commitment is being honoured in a variety of ways and includes a number of initiatives:

- The Government of Saskatchewan announced a commitment to build a new Academic Health Sciences Centre at the University of Saskatchewan. The new building will include enhanced library space, additional classroom area, and state-of-the-art laboratories. Based on work done to date, the facility is estimated to cost approximately $120 million to complete;
- The government announced increased funding to support the College of Medicine Renewal Plan. The incremental cost to government will be approximately $13 million by the sixth year of implementation. This money will ensure ongoing accreditation of the college and will be used to hire additional faculty and make improvements to the health sciences library. The College of Medicine and the Academic Health Network outlined a six-year renewal framework that will establish the College of Medicine on par with Canada's top quality medical colleges;
- Five new physician-training seats were added at the College of Medicine;
- Saskatchewan Health provided an additional $2 million for health research funding in 2002-03. The research funding will continue this year, bringing the total health research funding to $5.933 million. Some of this money went to the Neuropsychiatric Research Unit at the College of Medicine ($1.3 million) and the Saskatchewan Cancer Agency ($563,000);
- A new Indigenous Peoples Health Research Centre was awarded funding of $2.725 million over six years to increase opportunities for people of Aboriginal ancestry to pursue health-related research and training; and
- The Saskatchewan Health Research Foundation will improve strategic health research investment. The money will be allocated based on criteria outlined in an overarching provincial health research strategy.

A Progress Report on Quality Care

Our health plan includes a commitment to quality demonstrated by our decision to establish Canada's first health care Quality Council. The Council will be led by experts in health services delivery and quality improvement, and will be a resource to government and the health care professions. The Council will provide advice on the requirements for a high quality of care, collect and disseminate evidence on best practices, and evaluate new technology, drugs and other clinical developments. The Council will promote innovative ideas to encourage excellence throughout the health system, and will also report to the public on the quality of health care. – The Action Plan for Saskatchewan Health Care, December 2001

Quality in the health care system is the responsibility of many people. Ideally, judgments about quality should be based on sound evidence that the programs, practices and procedures within our health care system are the most effective means to improve the health of individuals and society. The *Action Plan* recommends the creation of a Health Quality Council as a vehicle to achieve health care excellence.

- Saskatchewan's Health Quality Council is the first such organization in Canada, with a mandate directed specifically at quality improvement in health care.
- Legislation establishing the Health Quality Council was passed in July 2002 and proclaimed in November 2002.
- The purpose of the Council is to improve quality and safety in the Saskatchewan health care system by providing objective, timely, evidence-based information and advice for achieving the best possible health care within the available resources.
- The Health Quality Council is led by a panel of provincial, national and international health leaders, bringing diverse experience from across the health field. Dr. Ben Chan was appointed CEO for the Health Quality Council effective October 1, 2003. Dr. Chan was a senior scientist with Ontario's Institute for Clinical Evaluative Sciences and assistant professor in the Faculty of Medicine at the University of Toronto. He is also a practising physician.
- The Health Quality Council has begun work on advising the government on best practices to deliver high quality services. Some of this work will be shared through health provider training and public education.
- In March 2003, the Council released its *Room for Improvement* document, inviting advice from patients, providers and managers on improving the quality of health care in Saskatchewan and identifying initial priorities for action.
- In July 2003 the Health Quality Council announced the launch of the Quality Improvement Network with the Regional Health Authorities and the Saskatchewan Cancer Agency. The purpose of the network is to co-ordinate and lead quality improvement efforts in health care across the province. The Council is offering Regional Health Authorities $1 million in matching funds to build upon existing quality improvement activities.

Saskatchewan Health has undertaken many other key initiatives to support improved delivery of health services.

- Saskatchewan is the first jurisdiction in Canada to formalize critical incident reporting, and is very much on the leading edge of developments in patient safety initiatives in the country. The province's goal is to reduce the potential for critical incidents in our health care system and improve health care safety.

- A network of Quality of Care Co-ordinators (QCCs) has been established in each Regional Health Authority, reporting to a provincial Quality of Care Co-ordinator. These Quality of Care Co-ordinators provide timely information on issues and concerns from patients and their families. Saskatchewan is the first in Canada to implement such a system.

A Progress Report on Regional Health Authorities

Our health plan will improve province-wide health system coordination by merging 32 health districts into 12 Regional Health Authorities (RHAs). The Athabasca Health Authority and the two northern districts will retain their current boundaries. The remaining 30 districts will be combined to create 10 Regional Health Authorities based on existing service area boundaries.

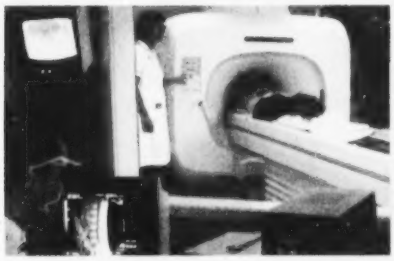
The 12 new Regional Health Authorities will work closely with the provincial government on long-term planning and co-ordination of services. Authorities will be governed by boards appointed by the Minister of Health, and will operate under clear service agreements. Citizens through each region will also be linked to the work of the Regional Health Authorities through Community Advisory Networks.
– The Action Plan for Saskatchewan Health Care, December 2001

In 1993, Saskatchewan was one of the first provinces in Canada to implement a regional model of health care. It was determined, however, that many of the 32 health districts were too small to effectively offer a full range of services to their residents. The large number of districts also made it difficult to co-ordinate and plan services across the whole province. Planning had also been hampered by single-year funding plans resulting from provincial budget timeframes.

We saw the need to reduce the number of health districts to encourage better province-wide planning, accountability, community involvement and communication. So, in August 2002, *The Regional Health Services Act* was proclaimed. Regional Health Authority boards were created with the appointment of 12 community leaders on each one. This new governance structure has resulted in considerable benefits:

- Entering into agreements that include longer-term funding commitments allows the planning to be more efficient and authorities to be more accountable for financial management;
- Combining the 32 districts into 12 has also helped to reduce duplication and led to more efficient management;
- A new relationship with government has been implemented with the establishment of the Ministers' Forum and the Leadership Council, which meets every month;
- A new accountability framework has been developed to guide the relationship with the new Regional Health Authorities. This new operational process includes a document for each region that defines program and service expectations and performance outcomes; and
- Multi-year planning targets are now a key feature of a revised planning cycle for the Regional Health Authorities. This new budget planning process will provide the regions with longer-term budget targets allowing them to do more long range planning.

Community Advisory Networks are being established to provide advice to Regional Health Authority boards as they make decisions about the delivery of health programs and services.



A Progress Report on Sustaining Public Medicare

Saskatchewan residents agree that accessible quality health care is the top priority of government. Our commitment to the ideals of publicly funded Medicare continues. Not only is publicly funded health care proven to be the most cost-effective model, it is also the best way to make health care equally available to all. There remain, however, concerns about our ability to pay for the health system we want. – The Action Plan for Saskatchewan Health Care, December 2001

Technological advances and new medications allow people to live longer and healthier lives, but these new advances put enormous pressures on health spending. Saskatchewan Health is committed to strengthening and renewing Canada's publicly funded, publicly administered health services through collaboration and consultation with our partners in the health care system.

- The Government of Saskatchewan invested $2.527 billion in our publicly funded, publicly administered health care system this year, providing tangible support for our commitment to Medicare.
- The Health Quality Council will play a significant role in enhancing efficiency and accountability of our health care system through its assessments of the performance of the health care system and by informing the public about the quality of health services in Saskatchewan.
- Primary health care initiatives such as the HealthLine and the further development of the primary health care network will increase efficiency by ensuring people are directed to the most appropriate care to improve or protect their health. This will encourage the best use of health care resources.
- A new Health Information Solutions Centre was created in August 2003 with the amalgamation of Saskatchewan Health Information Network (SHIN) with Saskatchewan Health. This centre will work closely with the Regional Health Authorities, and other provinces, to invest wisely in information technologies that support the *Action Plan's* goals. Better access to information enhances our initiatives to improve the quality, accessibility and effectiveness of health care delivery.
- The February 2003 *First Minister's Accord on Health Care Renewal* sets out a process for governments to be more accountable and transparent to the public.
- A new Canadian Patient Safety Institute to improve patient safety was announced in the Accord. Recently, Health Ministers committed to opening the new institute by the end of 2003.
- The Accord also provided a further $600 million to Canada Health Infoway to accelerate electronic health record development through investments in innovative health information systems in Canada.
- Saskatchewan has been selected to lead one of Infoway's first project investments and is supportive of their future plans to invest in areas to improve access to clinical information such as drug prescriptions, lab results and diagnostic imaging.
- The Accord will allow Saskatchewan Health to continue with its development of primary health care, help people with catastrophic drug costs, address the challenges of surgical and diagnostic access and explore innovative ways to deliver home care.
- We have expanded the provincial drug coverage to include diabetic supplies, which is projected to cost about $3.3 million in 2003-04 and $4.8 million in 2004-05.

- Nutritional products for people with complex medical condition who must rely on these specialized products as their primary source of nourishment were also added to the drug plan at an annual cost of $200,000. This expanded coverage falls under the government's commitment outlined in the First Ministers' Health Accord.
- To enhance efficient provision of provincially delivered health benefits like the Drug Plan, Saskatchewan is participating with provincial and territorial partners in the development of a common drug review process.

The *Action Plan for Saskatchewan Health Care* recognized that enhancing quality and making changes to sustain our publicly funded, publicly administered health care system is an ongoing challenge. We continue to work with our partners in the health sector to implement cost-effective approaches to health care delivery.

The Road Ahead

While it is worthwhile and gratifying to take stock of accomplishments, we must also continue to build on our strengths, and seek creative solutions to our challenges.

There are a number of ongoing pressures to consider as we plan for future health care delivery. Saskatchewan Health has published a 2003-04 Performance Plan that outlines actions designed to address specific health care issues in all key areas.

A COMMITMENT TO SUSTAINABILITY

The financial sustainability of the health care system is increasingly challenging. In 2003-04, health expenditures account for 42 cents of every dollar our government spends on programs and services.

In the past year, several key events occurred that will have an ongoing effect on Saskatchewan's health sector, including:

- The *Commission on the Future of Health Care in Canada* chaired by Roy Romanow released its final report in November 2002. The report reaffirmed the desirability of a publicly-funded, publicly-administered Medicare system, but recommended it be more accountable to Canadians. The report also recommended significant additional federal funding; and

- The February 2003 *First Ministers' Accord on Health Care Renewal* followed up with a commitment to Medicare, increased accountability and an investment to create change in a number of areas including: primary care, catastrophic drug coverage, and home care.

Drug costs represent one of the most rapidly growing areas in health care expenditure. This year the drug plan budget will increase by more than 28 per cent to a total of $155 million. The escalation in drug costs is the result of new and expensive drug therapies for previously untreatable conditions, as well as a higher volume of drug use.

The Saskatchewan Prescription Drug Plan is structured to assist families with low incomes, high drug costs or a combination of the two. The benefits of the Drug Plan are geared towards helping Saskatchewan families who have the greatest need and the least ability to pay. The challenge continues to be managing the cost of the Drug Plan while helping those in need.

Saskatchewan's changing demographics are also a key factor, as our strategic direction is developed. We have a growing population of elderly people. Seniors, aged 65 and older, account for one in seven people, or 14.5% of the population of Saskatchewan. Demographic projections indicate that the population change will be gradual, but by 2020, approximately one in six, or 17.8% will be 65 years and older. As people live healthier, longer, lives, health programs will need to shift their focus to quality of life issues. Saskatchewan also has a dispersed population that includes significant and expanding First Nations communities. These demographic shifts provide ongoing resource challenges that need to be addressed as we plan and deliver health services in the years ahead.

Our Northern Health Strategy will ensure more of our Aboriginal people enter the workforce. It will also address the special challenges faced by northern residents in accessing quality services.

RETAINING, RECRUITING AND TRAINING HEALTH PROVIDERS

Attracting and keeping our doctors, nurses and other health care professionals continues to be a priority. The

2003-04 Performance Plan identifies activities designed to improve our ability to ensure health professionals are available when and where they are needed, and that they choose to remain in Saskatchewan in the long term.

Promoting good health goes hand in hand with ensuring that we seek the most appropriate treatment when we are sick or need support. Saskatchewan Health will continue to expand its network of Primary Health Care teams throughout the province. These teams will ensure that patient care is better co-ordinated so that specific needs are addressed. Much of the focus will also be on preventing health problems or managing existing ones so that they do not become more serious. Primary health care teams and networks will be supported by HealthLine, a 24-hour health advice line that residents can call for convenient, immediate health information and advice. By making the best and most appropriate use of scarce health care resources, we will ensure our health system is sustainable into the future.

IMPROVING ACCESS TO HEALTH SERVICES

Saskatchewan Health continues to seek innovative solutions to enhance access to health services. Surgical access has been improved through many initiatives being implemented under the direction of the Saskatchewan Surgical Care Network (SSCN). These first steps in our long-term plan will ensure timely, co-ordinated and appropriate surgical care. Expanded dialysis sites, CT services and the Telehealth Network will also serve to improve access to health services. The province plans to apply the same process in reviewing and improving access to diagnostic services in the future.

SUPPORTING HEALTH PROMOTION AND DISEASE PREVENTION

Saskatchewan Health recognizes the benefits of placing more emphasis on the many factors that influence our health, such as a clean environment, a good job and social supports. The challenge is to balance the pressing needs of the health sector with longer-term strategies that encourage a healthier population. Some of these challenges include health promotion strategies tailored to fighting the rising incidence of diabetes, or preventing smoking among young people. Work is underway at both the provincial and national levels on a population health promotion strategy that guides prevention program initiatives.

The increasing complexity and prevalence of new health issues like West Nile virus and SARS require increased coordination to ensure appropriate responsive measures are in place. Canada's health ministers recently acknowledged the need for increased resources and better co-ordination to respond to potential disease outbreaks in the future.

CONCLUSION

Saskatchewan Health continues to strive to address immediate needs in our health care system, while following a long-term, sustainable plan for the future. We are committed to providing quality, accessible services to all residents of the province, within a publicly-funded, publicly-administered framework.

We have made great strides in health care since the release of *The Action Plan for Saskatchewan Health Care*. While much still needs to be done, we are confident that we are following the right path, and renewing a health care system that cares for those it serves, values its health care providers, and offers timely, quality treatment for all.

The people of Saskatchewan are proud of what we have accomplished in the health sector in this province. They value health care, and have a strong and enduring belief in our health care system. We will support that belief, and that pride, by remaining the strongest advocate of Medicare in Canada.

To read *The Saskatchewan Action Plan for Health Care* or for more information about the programs and services offered by Saskatchewan Health, visit our Web site at **www.health.gov.sk.ca**

Saskatchewan

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